

16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

SHORT PLAT INFORMATION

A Short Subdivision (or Short Plat) is the division of property into four (4) or fewer lots. The purpose of the City review is to ensure that adopted subdivision and zoning standards are met, and to provide for a permanent record of the creation of new lots in coordination with the King County Assessor.

Platting of land requires a survey by a licensed land surveyor who must stake the proposed corners and create legal descriptions for the new lots as well as a specific description of the proposed use. A scale drawing of the proposed division proposal must be presented with this application.

CRITERIA

The City will administratively review the application based on the decision criteria below and issue an administrative decision based on findings of fact. The criteria are:

Create legal building sites with respect to zoning and health regulations;

Establish access to a public road for each segregated parcel;

Make adequate provision for drainageways, streets, alleys, other public ways, water supplies and sanitary wastes as deemed necessary;

Comply with Design Standards for the Subdivision of Land;

Actions by the applicant to get a short subdivision shall not result in the inability to derive reasonable economic use of the property or create an undevelopable lot unless that lot is to be dedicated for exclusive use as open space or other common tract.

PROCEDURE

All Applicants must schedule a Pre-Application meeting prior to submitting a Short Plat Application. The Review Committee meets every Thursday afternoon to conduct pre-application meetings. Two time slots are available for pre-application meetings on a first-come first-serve basis, 2:30 p.m. and 3:30 p.m. The meetings are scheduled for one hour. The pre-application and submittal requirements must be presented to the Permit Services Division ten days prior to the meeting (5:00 p.m. deadline).

After a successful pre-application meeting, Applicants are permitted to submit a formal Short Plat Application. Within 28 days of receiving your application, City staff will determine if it is complete. If the application is deemed complete, the City will notify the applicant in writing along with instructions for public noticing. If not, the applicant will be contacted by mail outlining what additional information is needed.

A final decision will be issued within 60 working days. If this is a residential short plat and contains wetlands, streams or their buffers, additional time for SEPA environmental review may be required.

Applicant must file for Final Plat Approval within 60 months of receiving Preliminary Plat Approval or the preliminary approval will become null and void. An approved Final Plat MUST be recorded with King County, and a copy returned to the City, within 30 days or the approval will become null and void. The City's decision shall be final unless appealed to the Hearing Examiner.



16720 SE 271st Street • Suite 100 • Covington, WA 98042 Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

SHORT PLAT APPLICATION

STAFF USE ONLY	Project Number:	Application Date:		
FOR STAFF USE ONLY				
Planner:		File Number:		
Receipt Number:		Project File #:		
o Application Com	plete (Date:)	SEPA File #:		
o Application Incor	mplete (Date:)	Other File #:		
NAME OF PROJECT	T/DEVELOPMENT:			
SPECIFY THE LANI	SPECIFY THE LAND USE:			
LOCATION OF PROJECT/DEVELOPMENT: Give street address or, if vacant, indicate lot(s), block, and subdivision OR tax lot number, access street and nearest intersection. If proposal applies to several parcels, list the streets bounding the area.				
ADDRESS:	ADDRESS:			
ASSESSOR'S PARCEL NUMBER(S):				
LEGAL DESCRIPTION(S):				
Quarter Sec	tion Township Ran	ge (This information is on your tax statement.)		
PROPERTY OWNER Applicant				
Legal owner as indicated on Property Owner Declaration. Attach a list of any additional property owners with the following information.				
Name:				
Address: City/State/Zip:				
	Fax:			
E-mail Address: Signature:				
Jigitacare:				



16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

PROPERTY OWNER DECLARATION

STAFF USE ONLY	Project Number:	Application Date:		
I/We make the followi	ing statements based upon pers	onal knowledge:		
application, includ	ing all rights-of-way, easement	g parcel number(s) that is/are the subject s, or other property ownerships which are	necessary	
2. All statements contained in the application are true and correct to the best of my/our knowledge.				
3. The application is I	peing submitted with my/our k	nowledge and consent.		
statement is true and	correct.	s of the State of Washington that the fore	going	
Signed this day o	of, 20, ā	City ,, State	·	
Signature		Signature		
Print Name		Print Name		
Address		Address		
Phone Number		Phone Number		
State of Washington County of King	ss.	State of Washington County of King		
thatOwner) signed this instr	nave seen satisfactory evidence (Property ument and acknowledges it to be ary act for the uses and purposes ment.	I certify that I know or have seen satisfactory that	_ (Property ges it to be	
Printed Name: Notary Public in and fo	r the State of Washington	Date: Signature: Printed Name: Notary Public in and for the State of Washin My appointment expires:	gton	
(Notary Seal or Stamp)		(Notary Seal or Stamp)		

Use additional pages as needed for all property owner signatures.



16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

SHORT PLAT INFORMATION

STAFF USE ONLY	Project Number:	: Application Date:			
PARCELS		A	В	С	D
ZONING DISTRICT					
EXISTING USE					
PROPOSED USE					
PROPOSED LOT SIZE					
DATE OF LAST SHORT/FORMAL PLAT:					
PLEASE DISCUSS HOW THE PROPOSED ACTION SATISFIES THE SHORT PLAT COMMITTEE DECISION CRITERIA (BELOW): Create legal building sites with respect to zoning and health regulations; Establish access to a public road for each segregated parcel; If adjacent to another municipality or King County, take into consideration the subdivision standards of that jurisdiction, as well as the requirements of this code; Make adequate provision for drainageways, streets, alleys, easements, critical areas, other public ways, water supplies and sanitary wastes as deemed necessary; Comply with Design Standards for the Subdivision of Land; Actions by the applicant to get a short subdivision shall not result in the inability to derive reasonable economic use of the property or create an undevelopable lot unless that lot is to be dedicated for exclusive use as open space or other common tract.					



16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

SHORT PLAT SIGNATURES

DECLARATION:

Know all men by these presents that we, the undersigned, owner(s) in fee simple of the land herein described do hereby make a short subdivision thereof pursuant to RCW 58.17.060 and acknowledge that said subdivision shall not be divided further in any manner within a period of five years from date of record, without the filing of a final plat. The undersigned further declares this short plat to be the graphic representation of said short subdivision and the same is made with the free consent and in accordance with the desire of the owner(s).

In witness whereof we have set our hands and	seals.	
Name:	Name:	
STATE OF WASHINGTON County of King		
On this day personally appeared before me who executed the within and foregoing instrur and voluntary act and deed, for the uses and p	to me known to be the individual describent, and acknowledges that signed the samburposes therein mentioned.	cribed in and ne as free
GIVEN under my hand and official seal this	day of	, 20
	Signature:	
	Name as commissioned:	
	Title:	
	My appointment expires:	
STATE OF WASHINGTON County of King		
	to me known to be the individual desc ment, and acknowledges that signed the sam ourposes therein mentioned.	
GIVEN under my hand and official seal this	day of	, 20
	Signature:	
	Name as commissioned:	
	Title:	
Short Plat Number	My appointment expires:	



CITY OF COVINGTON

Community Development Department 16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

SHORT PLAT APPLICATION CHECKLIST

STAF	F USE ONLY	Project Number:	Application Date:	_
by the not ap	Permit Servi	es Division. Please contact to our project and should be wa	ith your application unless specifically waived in writing the Permit Services Division if you feel certain items a lived. Application review will not begin until it is dete	re
ever, t	they in no way		project review and vesting the applicant's rights. How equire additional information as needed to establish co	
	Permit Servic 80-2400.	es Division is available to	o answer questions about application materials	at
		RETURN THIS CHECKLI	ST WITH YOUR APPLICATION	
APPLIC	CATION FORM	S:		
□ A □ V □ C	Application and Vater and Sew Certificate of T A complete SEF New Developm	ransportation Concurrency	h Department approval if on septic rject is not categorically exempt	
PLANS	: (12 sets of 2	24 x 36, one set of 11 x 17, o	one set of 8 ½ x 11, 1 set in 200 scale)	
□ 1 □ S T	CD with plat urvey Map wit he prelimina	h original surveyor's stamp (1	aled drawing on paper no smaller than 8 ½" by 14",	
	Dim nersExis		isting lot lines and identification of existing property co	ır-

Dimensions and bearings of all proposed lot lines and identification of proposed property

Proposed lot lines (solid lines), including:

Total lot or parcel sizes in square feet

Proposed lot numbers or letters (e.g. Lot A or Lot 1)



CITY OF COVINGTON

Community Development Department

16720 SE 271st Street • Suite 100 • Covington, WA 98042

Phone: (253) 480-2400 • Fax: (253) 480-2401

www.covingtonwa.gov

SHORT PLAT APPLICATION CHECKLIST

	STA	AFF USE ONLY	Project Number:	Application Date:		
		Dimensions of existing and proposed utilities. Utility information to also include:				
		 Location and size for sewer systems or location of drain field and septic systems. 				
		 For draina 	_	be retained on site or detained/conveyed off-site		
	 Invert elevation of pipe(s) at proposed connection point(s) to downstream facilities 					
☐ Existing and proposed utilities easements. Clearly identify what is proposed and what is ex			rly identify what is proposed and what is existing.			
			entation of existing easements.			
☐ Width and names of existing adjacent public rights-of-way.						
		(slope), widths and lengths. Also include turnarounds or hammerheads (where necessary) serving the subdivision. Clearly identify what is proposed and what is existing. Provide documentation for exist-				
	ing easements. Location of nearest fire hydrants (with water district identification numbers shown), distance to					
property and any proposed hydrants or sprinkling needed for adequate fire protection.						
		☐ Existing trees over 4" in diameter by species.				
C	ЭТН	ER REQUIREME	NTS:			
				d lots) with original surveyors stamp.		
		Affidavit of Ow	nership			
		☐ Level 1 Drainage Analysis.				
	□ Copy of maintenance agreement for common utilities and access (if privately owned).					
		their buffers		ed contours at 2' intervals for sensitive areas and		
			rea studies required.			
		Proof that the Ch.58.17.	original lot(s) are recognized as	separate lots pursuant to the provisions of RCW		
		A list of any ex	sting environmental documents	known to the applicant that evaluate any aspect of		
		the proposed p				
			plan, if required.			
			tudy if deemed necessary.			
			ation by Wetland Biologist.			
			ssor's Map with:			
		 Project si 	te outlined in red.			
		• •	ties within 500' feet outlined in			
			he Public Notice Board (see atta	,		
				at for all <i>property owners</i> and <i>tenants</i> (residents or		
		,		erty, (1) paper copy and (1) electronic copy. (Note:		
			Ittiple-family buildings—e.g. apa	rtments, condos, and trailer parks—must be in-		
		cluded.)				